Connecticut State Medical Society Testimony in Opposition to
Senate Bill 36 An Act Concerning the Governor's Recommendations to Improve Access to Health Care
Presented to the Public Health Committee
February 28, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), we present this testimony to you today regarding Senate Bill 36 An Act Concerning the Governor's Recommendations to Improve Access to Health Care. CSMS has submitted testimony on our opposition to this legislation. This testimony focuses on clinical concerns with the prescribing habits of APRNs.

A research study was recently completed by CSMS, investigating the differences in prescribing practices between physicians and APRNs who prescribe psychotropic medications in the state of Connecticut. Data was analyzed from IMS Health, the world's largest healthcare data source, representing more than 75% of all Connecticut-based prescriptions. The CSMS study results are used in a manuscript currently being prepared for publication in a peer-reviewed scientific journal.

The study found statistically significant differences in prescribing patterns between physicians of certain specialties, particularly child psychiatrists, and APRNs when prescribing for children with mental illness. Specifically, APRNs prescribe a significant number of antipsychotic medications to children in Connecticut. The main statistically significant differences had to do with the level of prescribing of antidepressants (SSRIs and SNRIs) to children age 4- 12 by child psychiatrists, pediatricians, and other physicians in Connecticut, compared to antipsychotic medications that were more often prescribed by APRNs. The antidepressant medications used by physicians generally have fewer side effects compared to the antipsychotic medications more often used by APRNs.

Logistic regression analysis showed that the differences in prescribing habits and medications prescribed to children are statistically significant. One possible explanation for these findings is the substantial difference in education and subsequent training for physicians and for APRNs. Connecticut APRNs in Connecticut are only required to receive *thirty hours* of pharmacology training to receive their Connecticut license. By contrast, physicians log thousands of hours in pharmacological training. Another possibility would be that there is substantially more marketing of antipsychotic medications than antidepressant medications, and we are concerned that lack of pharmacological training and experience by APRNs may lead them to tend towards the highly marketed medications.

We would be happy to provide the committee members with additional research details, as well as the manuscript in preparation and the data summary to support this testimony.

In conclusion, research shows that there are significant differences in prescribing practices between APRNs and physicians, likely related to significant differences in pharmacologic training. These differences will have major ramifications on the quality of medical care for children in our state, especially children with mental and behavioral health care needs.